



Revised 10/00
State Form #

Facility Information HC-500 Schedule B

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

☐☐☐☐☐

Category Code (Check 1 box only)

A (\$200.-00) ☐

B (\$100.00) ☐

C (\$50.00) ☐

E (\$0.00) ☐

New Facility ☐

Existing Facility Ommitted from Schedule A ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

☐☐☐☐☐

Category Code (Check 1 box only)

A (\$200.-00) ☐

B (\$100.00) ☐

C (\$50.00) ☐

E (\$0.00) ☐

New Facility ☐

Existing Facility Ommitted from Schedule A ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

☐☐☐☐☐

Category Code (Check 1 box only)

A (\$200.-00) ☐

B (\$100.00) ☐

C (\$50.00) ☐

E (\$0.00) ☐

New Facility ☐

Existing Facility Ommitted from Schedule A ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number () _____

County _____

Title III ID # (issued by IDEM)

☐☐☐☐☐

Category Code (Check 1 box only)

A (\$200.-00) ☐

B (\$100.00) ☐

C (\$50.00) ☐

E (\$0.00) ☐

New Facility ☐

Existing Facility Ommitted from Schedule A ☐